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## BIB DATA SHEET

CONFIRMATION NO. 9014

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/718,217	11/20/2003	623	3734	37621/52803	
<b>RULE</b>					
<b>APPLICANTS</b> Eric K. Mangiardi, Charlotte, NC; Jason M. Reynolds, Charlotte, NC; Ulf R. Borg, Cornelius, NC; Tony D. Alexander, Charlotte, NC;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/288,615 11/05/2002 PAT 7,527,644					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 02/18/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KEVIN THAO TRUONG/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> MERIT MEDICAL SYSTEMS, INC. C/O STOEL RIVES, LLP ONE UTAH CENTER 201 SOUTH MAIN STREET -- SUITE 1100 SALT LAKE CITY, UT 84111 UNITED STATES					
<b>TITLE</b> DIFFERENTIAL COVERING AND COATING METHODS					
<b>FILING FEE RECEIVED</b> 626	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		